

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

APPLICATION FOR CLASS C NON EMERGENCY TRANSPORT
CERTIFICATE.

APPLICATION FOR CLASS C STRETCHER VAN CERTIFICATE.

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2020 - 70 - 1

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print) CHRIS PALMER

Submitted by:

Address: 2090 RED HAVEN DR

THOMSON, GA 30824

Telephone:

706 699 8503

Fax:

706 843 6281

Other:

Email: SQUAREONEMEDICALTRANSPORT@GMAIL.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input checked="" type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - STRETCHER VAN

Date: 2/18/2020

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. **SQUARE ONE MEDICAL TRANSPORT LLC**
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

2090 RED HAVEN DR THOMSON, GA 30824

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

706 699 8503

Phone

706 843 6281

Fax

SQUAREONEMEDICALTRANSPORT@GMAIL.COM

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

CHRIS PALMER-OWNER/CEO 2090 RED HAVEN DR THOMSON, GA 30824

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	10000.00	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	175000.00	Loans Owed on Motor Vehicles	58067.86
Cash on Hand	0	Business/Other Loans Owed	0
Cash in Bank	87283.41	Other Liabilities or Debts	0
Value of Other Assets and Equipment	3000.00	Total Liabilities	58067.86 ✓
Total Assets	275,283.41 ✓		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

STRETCHER RATES-\$150 ONE WAY WITHIN 10 MILES. GREATER THAN 10 MILES, ADDITIONAL \$3.50 PER MILE.

BARIATRIC RATES VARY BASED ON WEIGHT AND CIRCUMSTANCE.

AFTER HOURS RATES VARY (6PM-6AM)

DEAD HEAD MILES FOR LONG DISANCE TRAVEL MAY APPLY AT AN ADDITIONAL \$2.00 PER MILE.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Square One Medical Transportation LLC
Name of Applicant

2090 Red Haven Dr. Thomson, GA 30824
Address of Applicant

Amount of Premium:

Liability Insurance \$ 21,405

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	1,000,000.00
Medical Payments per Person	\$ 1,000	2,000.00

Cypress Insurance Company
Name of Insurance Company

4253 Lankford Hwy. Exmore, VA 23350
Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

* Additional sheet to support "Insurance Quote"

NEW

RENEWAL NUMBER

CROSS REFERENCE NUMBER

03 APM 021283 - 01

CYPRESS INSURANCE COMPANY
SAN FRANCISCO, CALIFORNIA
BUSINESS AUTO COVERAGE DECLARATIONS

☒ The Declarations
include a second part
designated "Part 2".

Producer

Bankers Insurance, LLC
4253 Lankford Hwy
Exmore, VA 23350

ITEM ONE NAMED INSURED & ADDRESS
SQUARE ONE MEDICAL TRANSPORT LLC
2090 RED HAVEN DRIVE
THOMSON, GA 30824

FORM OF NAMED INSURED'S BUSINESS: LLC

NAMED INSURED'S BUSINESS: NEMT

POLICY PERIOD: Policy covers FROM 07/30/2019 12:01 AM TO 07/30/2020 12:01 A.M. Standard Time at the Named Insured's Address stated above.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

Current Policy

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7, 8, 9	\$ 1,000,000 CSL	\$ 15,621
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS Deductible	\$
ADDED P.I.P. (or equivalent added No-fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS	7	\$ 2,000	\$ 309
UNINSURED MOTORISTS	10	\$ 1,000,000 CSL (BI & PD)	\$ 2,144
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists coverage)		\$	\$
PHYSICAL DAMAGE INSURANCE			
COMPREHENSIVE COVERAGE	7	\$ See M 3912b (08/2001)	\$ INCL
SPECIFIED CAUSES OF LOSS		\$	\$
COLLISION COVERAGE	7	\$ See M 3912b (08/2001)	\$ 2,910
TOWING AND LABOR		\$ Deductible FOR EACH COVERED AUTO	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION			
See M4572 (12/1994)			
			PREMIUM FOR ENDORSEMENTS \$ 821
			ESTIMATED TOTAL PREMIUM \$ 21,805
ENTER SYMBOL 10 DESCRIPTION HERE: Symbol 10 - Only those autos described in Item Three of the Declarations with Liability premium shown.			
POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$ 0 IF CANCELLED BY THE INSURED.			
ITEM THREE - SCHEDULE OF COVERED AUTOS AS ATTACHED			

Countersigned At _____ By _____

In Witness whereof, we have caused this policy to be executed and attested.

AUTHORIZED SIGNATURE



Secretary



President

Exhibit Fit, Willing, and Able (FWA)

Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☐ No ☒ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver and Assistant Driver Qualifications

1. Applicant has read and understands Commission Regulation 103-133(8).

☒ Yes ☐ No

2. Applicant has on file a certified copy of the driver's and assistant driver's three (3) year driving records issued by the SC DMV and such records from the DMV of the state in which the driver or the assistant driver is or has been domiciled for such period.

☒ Yes ☐ No

3. Applicant has obtained and retained the criminal history background checks from the state where the driver and assistant driver live.

☒ Yes ☐ No

4. Applicant understands that all drivers and assistant drivers must have in their possession at the time of such operation valid drivers' licenses issued by the SC DMV or the current state of residence of the driver or assistant driver.

☒ Yes ☐ No

5. Applicant understands that all stretcher van certificate holders are prohibited from employing drivers and assistant drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes ☐ No

6. Applicant understands that all stretcher van drivers and assistant drivers must possess a current Red Cross First Aid certification or an American Safety and Health Institute certification, or certification from a program that meets or exceeds the certification standards of the Red Cross First Aid or the American Safety and Health Institute, and Adult Cardiopulmonary Resuscitation (CPR) certification.

☒ Yes ☐ No

7. Applicant understands that the driver's and assistant driver's Red Cross First Aid certification must be renewed every three (3) years and the Adult CPR certification must be renewed annually.

☒ Yes ☐ No

8. Applicant understands that an individual must not be transported in a stretcher van if the individual has a written statement from a licensed physician prohibiting transportation in a stretcher van.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

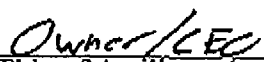
Please check the applicable box:

☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.

☒ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

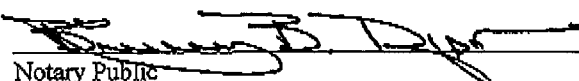
The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

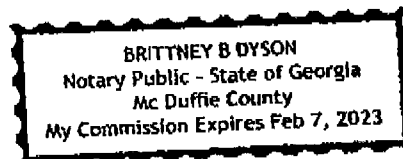

Title of Applicant (e.g. President, Owner, etc.)

Georgia
STATE OF ~~SOUTH CAROLINA~~)
COUNTY OF McDuffie)

SWORN TO BEFORE ME
This 18th day of February, 20 20

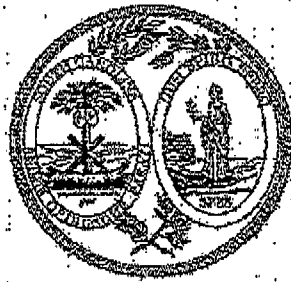

Notary Public

Commission Expires 2-7-2023



Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Authority

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

square one medical transportation llc, a limited liability company duly organized under the laws of the State of Georgia, and issued a certificate of authority to transact business in South Carolina on February 13th, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-1006, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 13th day
of February, 2020


Mark Hammond, Secretary of State

STATE OF GEORGIA**Secretary of State**

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

ANNUAL REGISTRATION

Electronically Filed

Secretary of State

Filing Date: 2/11/2020 8:49:23 AM

CONTROL NUMBER

T8064840

BUSINESS NAME

Square One Medical Transport LLC

BUSINESS TYPE

Domestic Limited Liability Company

EFFECTIVE DATE

02/11/2020

ANNUAL REGISTRATION PERIOD

2020

ADDRESS

2090 Red Haven Dr., Thomson, GA, 30824, USA

NAME

Christopher Palmer

ADDRESS

2090 Red Haven Dr., Thomson, GA, 30824, USA

COUNTY

McDuffie

AUTHORIZER SIGNATURE

Chris Palmer

AUTHORIZER TITLE

Organizer

02/20/2020 10:47AM 7065979205

WESTER VETERINARY

PAGE 01

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 200219-170522

Filing Date: 02/19/2020

Feb 19 2020
REFERENCE ID: 475045

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

**ARTICLES OF CORRECTION
LIMITED LIABILITY COMPANY**

The limited liability company in accordance with Section 33-44-207 of the 1976 S.C. Code of Laws, as amended, corrects a record filed by the Secretary of State, which record contains a false or erroneous statement or was defectively signed.

1. The name of the Limited Liability Company is:

square one medical transportation llc

2. That on 2020-02-13 the corporation filed (fill out whichever is applicable):

- a. ☒ The following described document:

Application for a Certificate of Authority to Transact Business 2020-02-13

- b. ☐ The attached document (attach copy of the document).

3. That this document was incorrect in the following manner:

The document had the incorrect name of our business. Name should be Square One Medical Transport LLC
Not Transportation

4. That the incorrect matters stated in Paragraph 3 should be revised as follows:

Additional Info: Please put the correct company name on the Certificate of Authority.

Date: 02/19/2020

Signed as Filer: Chris Palmer

(Signature)

Chris Palmer

(Print Name)

(Office)